



ACUPUNCTURE BOARD
 1424 HOWE AVENUE, SUITE 37, SACRAMENTO, CA 95825-3233
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 CA RELAY SERVICE TT/TDD (800) 735-2929 / DCA TDD (916) 322-1700



ACTIVE / INACTIVE LICENSE APPLICATION

(Please type or print clearly)

1. Name:

 Last

 First

 Middle

2. Address:

 Number and Street / Rural Route (include apartment number, if any)

 City

 State

 Zip Code

 Country

3. License Number:

4. Telephone Number:

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☐ I wish to place my license on **Inactive Status** for the following reason(s): _____

I understand that while my license is on inactive status, I may not practice acupuncture in the State of California. I also understand that while my license is on Inactive Status, I must still pay the required renewal fee by my license expiration date but am exempt from completing continuing education as a condition of renewal. If I choose to place my license back on Active Status, I must document completion of at least 30 hours of AC approved continuing education within the past two years of being inactive.

 Signature

 Date

☐ I wish to place my license on **Active Status**.

I am requesting that my license be placed back on Active Status. Attached are certificates of completion from AC approved CE providers of continuing education courses that I have completed during the last two (2) years. I understand that until these courses are verified and I receive my new pocket I.D., I will not practice acupuncture in the State of California.

 Signature

 Date